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MENTAL HYGIENE

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A SINGLE LECTURE on mental hygiene in a course on Public Health and Preventive Medicine can be nothing more than a general introduction to a very large subject.

The term Hygiene has been long in use and conveys a pretty definite meaning. The term Mental Hygiene was, however, previous to the establishment of the National Committee for Mental Hygiene in 1909, rarely heard, and it had appeared in the literature only a few times. A definition of the term Hygiene given by Professor Sedgwick states that "Hygiene is the whole science and art of the conservation and promotion of health both in individuals and in communities." If—or when—the word health embraces the healthy functioning of the whole personality, this definition will bring mental hygiene within the meaning of the term Hygiene. The terms, "Public Health," "Preventive Medicine," "Sanitary Science," are applied to branches of hygiene that are the more precise, highly organized, and scientific. All, however, are embraced under the term Hygiene. The place of mental hygiene in the scheme of public health, preventive medicine, sanitary science, and general hygiene can not as yet be clearly defined. This could hardly be expected at this stage of its development.

BODY AND MIND

One's views on the subject are liable to be controlled by one's understanding and attitude in regard to the place of man's mentality and its disorders as a subject of medical study and practice. Mentality is, indeed, the highest and

most distinguishing attribute of the human organism. Medicine, however, has been more concerned with the structure of the organism, and with the related functions of its various tissues, organs, and systems, than with the organism as a whole and with its behavior as a completely integrated unit or personality. To explain this fully, it would be necessary to review much of the history of medicine from earliest times. Hippocrates, the Father of Medicine, more than 2000 years ago, believed that healthy mentality was determined by the condition of the brain. He referred in his writings to mania, melancholia, dementia, hysteria and epilepsy, using these terms and attributing them to disease of the brain. Nevertheless, the prevailing view in his time, and down even to our own times, was that man consisted of body and soul. The soul was conceived as inhabiting the body, and mental disorders were looked upon as chiefly disorders of the soul. The cases were considered to be subjects for the ministrations of magicians and priests rather than of physicians. Although this idea no longer prevails, Professor Dewey, the philosopher, says that our present ideas about the human organism are largely a survival, with changed vocabulary, of the same old ideas of body and soul. "The nervous system," says Professor Dewey, "is conceived as a substitute, mysteriously within the body. But as the soul was 'simple,' and therefore not diffused through the body, so the nervous system as the seat of mental events is narrowed down to the brain, and then to the cortex of the brain; while many physiological inquirers would doubtless feel enormously relieved if a specific portion of the cortex could be ascertained to be *the* seat of consciousness." "Those who talk most of the organism," he adds, "physiologists and psychologists, are often just those who display least sense of the intimate, delicate, and subtle interdependence of all organic structures and processes with one another." It can scarcely be disputed that the nervous system is the essential mental mechanism of the organism. In practice, however, what we know of it does not provide adequate means of understanding and dealing with the mental problems of our patients. It is necessary to study the human organism as it functions as a completely integrated unit or personality. Behavior that involves mental activity consists in the interplay between the organism, involving perhaps all of its parts and processes, and the environmental conditions and the experiences to which it is exposed. If one accepts this view of the organism and of its disorders, it can readily be seen that mental hygiene must be given a place in clinical and preventive medicine, and in public health projects.

MEDICINE AND PSYCHIATRY

Medicine, however, has not in the past been disposed to include mentality as a subject for the precise study and attention that has been given to the physical

structure and functions of the organism. Whether this is because of the body and soul idea that has prevailed, or because medicine has been so fully committed to the experimental and laboratory methods of the physical sciences, is hard to say. The problems of mentality and its disorders have, anyway, been left to the philosopher, the psychologist, the teacher, the clergyman, and the correctional officer, and to a small group of medical specialists who were set apart, as it were, to furnish indispensable medical attention to the grosser forms of disorders which necessitated the removal of those affected by them from society and their segregation in institutions. Notwithstanding this reluctance of Medicine to undertake the task, conditions presented by the persons affected have been of such character that they have come to be more and more regarded as proper subjects for treatment by physicians. Temple and asylum have gradually given place to the hospital, and magician, priest, poormaster and constable to the physician. Until quite recently, however, this was the only advance made and all that was recognized was the necessity for medical management and service in the treatment of the grosser forms in institutions—the insane and feeble-minded. The medical profession was imbued with the prevailing ideas and standards, and had no clear appreciation of the extent and character of the problem except as it could be estimated by the occurrence of an occasional case which had become so severe as to compel active measures, usually removal to an institution. A sharp distinction was made between these cases and the rest of medical practice. The prevailing views were accepted by both the physicians and the public. The perfectly obvious fact that cases which eventually required institutional care were constantly developing in every community as a result of conditions to which they were there exposed, seemed to pass unnoticed. Under these circumstances it was not to be expected that in the advancement of clinical and preventive medicine, the nature, causes, treatment, and prevention of the problems and disorders of mentality would be given much attention. In the meantime, however, a body of knowledge and experience was being built up by the small group of physicians engaged in this field, and was finding expression in an extensive literature. Up to quite recent times this was all of psychiatry.

EXTENSION OF PSYCHIATRY

About sixty years ago, Charcot showed that many of the physical symptoms of hysterical cases were mental in character. This led to observations of other forms of ailments and disabilities that had previously been regarded and treated by the methods of ordinary clinical medicine, or more often had been neglected or avoided by physicians and had provided a harvest for mystical healers and charlatans. These conditions, termed neuroses, psychoneuroses, psychopathic states, etc., are now considered to be essentially mental in character. They

are met with in every branch of medical practice. They frequently masquerade in the guise of symptoms of physical diseases. They may furnish part of the symptomatology presented in demonstrable organic conditions. They create difficulties in diagnosis, modify results of treatment, retard convalescence, and create disabilities that impair the value of every kind of medical and surgical procedure. Heretofore physicians have either dismissed these cases unrelieved or have dealt with them only by means of the knowledge and common sense methods which physicians possess in common with intelligent persons generally. The masters of medicine in every age have, however, never failed to recognize the necessity in medical practice of understanding and treating the patient as well as his disease. Of Cullen, a great clinician and teacher of the eighteenth century, it is said: "He dethroned disease and set up the patient." Virchow, in more recent times, wrote "Treat not only the disease, treat also the patient." With the advance that has been made in the understanding and treatment of mental problems, medicine seems now to have reached a period when this will become a settled practice, not by commonplace and rule of thumb methods but by the more precise and effective methods of psychiatry.

This branch of medicine has now extended its activities far beyond the bounds of institutional practice. By means of out-patient clinics, private practice, child guidance clinics, and in cooperation with other branches of medicine in both hospital and private practice, psychiatry is extending service to conditions which, previously, received psychiatric and often other medical attention only in their most aggravated forms—the insane and feeble-minded. Psychiatric and mental hygiene knowledge is now infiltrating the general stream of medical knowledge and of knowledge in general. It is recognized that man's illnesses and disabilities cannot be adequately dealt with without taking account of his mentality and of the way he has been affected by his life experiences. People apply to physicians for relief from ailments and disabilities. The task of medicine can hardly be considered successful unless such relief as is humanly possible is obtained. If the methods ordinarily employed in medical practice fail to reveal any of the described diseases or pathological conditions, it will not solve the problem presented to tell the patient that there is nothing the matter with him, that he imagines something, or was born wrong. This practice is sometimes followed but is not satisfactory to either patient or physician, and is an acknowledgment of defeat. It is estimated that from 40 to 60 per cent of the ailments for which physicians are consulted are essentially mental in character. A discussion by gastro-intestinal specialists at a meeting of the American Medical Association indicated that one-third of the cases which consulted them were of this character. Dr. William J. Mayo has said that, "neurasthenia, psychasthenia, hysteria and allied neuroses are the causes of more human misery than tuberculosis and cancer." The number of hospital

beds for mental cases exceeds the number in all the general hospitals. The number of patients treated in psychiatric out-patient clinics in New York City last year equaled the number of patients admitted into the mental hospitals that receive from the City, and was nearly equal to the number of cases of tuberculosis that received out-patient treatment. The number of such cases that were treated in unspecialized clinics was undoubtedly much larger. The statistician of the New York State Department of Mental Hygiene estimates that 4.5 per cent of the babies born in New York State in 1928 will eventually become patients in the State hospitals for mental disorders. The problem of the present and of the developing cases of all kinds and degrees of mental disorders is thus one of enormous proportions. Although it presents aspects that are not altogether medical, it would seem as though the medical profession must make the largest and the most important contribution of knowledge and effort towards its solution.

PREVENTIVE MEDICINE AND PREVENTIVE PSYCHIATRY

It is, I think, generally conceded that the first advance in Preventive Medicine is by means of Clinical Medicine. In regard to this Sir Arthur Newsholme says: "It is largely through the study of disease and its treatment that knowledge of its prevention has come; and, furthermore, treatment of individual illness must continue to be a chief means of preventing it." It would seem, therefore, that for the application of mental hygiene in preventive medicine and public health measures, clinical psychiatry will have to advance to a more important place than it now has in the knowledge and practice of the general medical profession.

So far as mental hygiene is concerned with the prevention of many forms of mental disorder, it is dependent upon the efforts of preventive medicine. Nearly half of the cases admitted to hospitals for mental disorders are suffering from organic diseases which can be treated and prevented only by means of the methods of clinical and preventive medicine. A very large proportion of the cases are syphilitic. The number of deaths from one form of syphilitic brain disease, general paresis, exceeds the deaths from some forms of acute infectious disease. The acute infections, encephalitis, pellagra, and toxic substances such as alcohol, narcotic drugs, and other poisons operate as causes in many cases. Arteriosclerosis, cardionephritic disease, endocrine disorders, and many other physical diseases must be dealt with in a preventive effort against mental disorders. In the out-patient psychiatric field a similar problem is presented, and half of the cases that apply present physical diseases and disturbances that require ordinary clinical medicine procedures. To this extent, therefore, mental hygiene, or the department of it that may be called preventive psychiatry, must become closely allied with preventive medicine.

On the other hand, there can be no doubt that many cases of illness and disability that come within the practice of physicians in all branches of medicine present mental problems that are of major or paramount importance. The experiences of the war demonstrated the value of psychiatry and mental hygiene in maintaining in health and activity persons who would otherwise have been lost to the army, and, in some instances, become permanently invalided and dependent. And what worked so well under war conditions would undoubtedly be similarly effective in the pursuits of peace. Cannon has shown experimentally the effects of acute emotional excitation on the bodily functions and these have been many times confirmed by clinical observations. It has also been shown that repressed experiences of emotional significance are sometimes released in symbolic form as physical symptoms. A woman at the New York Hospital who was admitted because of severe vomiting was found to be free from organic disease. A psychiatric examination revealed that she had suffered from several previous attacks of similar character, and that all had occurred only when her husband, a travelling man from whom she wished to be separated, returned home. Henderson and Gillespie relate the case of a man of 47 who complained of attacks of diarrhoea especially when travelling, of sweating of the hands and feet, dizziness, trembling, insomnia, irritability, and loss of memory. He was, for three months, treated by ordinary medical measures, including a sojourn at the seashore, without improvement. A psychiatric examination revealed that he had recently been transferred to a travelling position by the firm he worked for. This made him apprehensive that he was to be superseded in the business by the son of his employer who had been given the position previously held by the patient. When he was reassured, and the emotional character and origin of his physical condition explained to him, he promptly recovered and remained well. Many cases of vomiting, diarrhoea, and pains are of similar character to those cited. These conditions not infrequently become quite severe and persistent. Inquiry into the past of persons thus suffering may reveal previous neurotic disturbances. The complaints made are usually incongruous and inconsistent with known clinical pictures. An inquiry of this kind is, however, usually omitted in routine medical procedure, and, though the physical findings are not entirely convincing, surgical treatment is frequently resorted to, without benefit. In some instances the patient's condition is aggravated by this treatment. A woman admitted to Bloomingdale Hospital had, previous to admission, been operated upon four times within six months, for vomiting and abdominal pains with which she had at times been affected during the previous three years. The pathology discovered was meagre and no improvement resulted. Her history revealed that she was of markedly neurotic and psychotic stock, and had from girlhood suffered from headaches, amenorrhoea, and other symptoms for

which she took considerable quantities of sedative drugs. She had successfully completed a course in nursing, but in her relations with others seemed always on the defensive and unhappy. The physical examination showed poorly developed genital organs. At Bloomingdale Hospital she was at first insistent upon additional surgical operations. She regurgitated food for a short time, but soon began to improve and during the first month gained twenty pounds in weight. After three months she returned to her work, relieved of her abdominal symptoms but still, of course, a neurotic subject. Many similar cases could be cited presenting symptoms of varying character. Pelvic and rectal pains and uneasiness, circulatory disturbances, pains, tenseness, pressures, and other unpleasant sensations in the head and other parts of the body, neurotic fixations on diseases of the nose, throat, ears, eyes, joints, or any system or organ, are commonly met with. Traumatic neuroses are of this character. A woman at the New York Hospital who complained of vaguely described pains on one side of the body, was found by the psychiatrist to have, not long before, been in an automobile accident. No signs of injury were observed at the time, but her present pains were on the side of the body which had been struck and a suit for damages was pending. It is, of course, important, in all cases which consult a physician, to make a careful physical examination before arriving at conclusions. It is apparent, however, that unless a careful history is taken and an examination made as to neurotic or psychotic possibilities, such cases as have been cited will not be understood nor properly treated. Cases of schizophrenia, of depression, and of other psychotic conditions, as well as of psychoneuroses, frequently consult physicians concerning physical symptoms. It can readily be understood that if their real condition is not discerned, grave consequences may result, such as suicide, homicide, domestic and economic calamities. The recognition and treatment of these conditions by physicians generally would accomplish a remarkable advance in the prevention of the graver forms of mental disorder which are such an economic and moral burden on every community. Many cases are, indeed, complex and present difficulties that require the services of an experienced psychiatrist. Many are, however, almost absurdly simple. An inquiry into the personal history and experiences of the case, and an appreciation of the medical significance of events, experiences, and personal reactions that have not heretofore been regarded as subjects of medical scrutiny and evaluation, will solve the problems of many of the cases met with. A man admitted to Bloomingdale Hospital with a third attack of depression gave a history of uninterrupted good health until, before each of his attacks of depression, he had been promoted to a position of greater responsibility. He was a man of good ability but had evidently, in the subordinate positions, reached the limit of his—unaided—emotional capacity for adjustment to responsibility. Such cases almost invariably, often long before the

final break and resort to hospital treatment, consult physicians for such symptoms as insomnia, loss of appetite, constipation, muscular weakness, and other physical symptoms. Observation of their mood, and inquiry into their past history and experiences, are necessary to an understanding and proper treatment.

With regard to early treatment and prevention, it is especially important that the mental factors that operated in the production of conditions for which children are brought to physicians should be recognized and adequately dealt with. Besides the more usual medical problems presented by children, physicians are consulted concerning habit spasms, compulsive behavior and phobias, speech disturbances and reading difficulties, restlessness and fidgeting, mannerisms, nail biting, masturbation, bed wetting, night terrors, temper tantrums, sulking and moodiness, dullness, and such behavior as persistent truancy, lying, stealing, cruelty, rowdiness, etc. People realize that there is something abnormal in such manifestations and look to physicians to understand and advise concerning them. A boy was brought to Bloomingdale Hospital because he had committed several burglaries. When these were traced to him, it was found that he had carefully kept all the stolen articles and tagged them for identification. On examination he was found to have a complete alopecia which made him an object of ridicule by his companions. The burglaries were merely an attempt to gain distinction with the boys and to maintain his self-respect by a dramatic display of spirit and courage. After a period of hospital study and training, the use of a wig, and a further period of supervised adjustment to school life, he had no further trouble. It is found that the behavior problems frequently met with in crippled and otherwise physically handicapped children are not necessarily the direct effect of their physical disease or deformity, but are the result of bad management in the home and school.

Much more could be said along these lines. What I wish to convey is:

- (1) That Mental Hygiene is a part of general hygiene, its object being the conservation and promotion of the health of the whole organism or personality of individuals as such and as members of communities.
- (2) That Medicine should give as precise study and attention to man as a completely integrated living organism, as to his structure, tissues, organs, and systems and their related functions, instead of clinging to the old conception of soul and body or mind and body.
- (3) That mental factors have a part, and often the essential part, in the production of many of the ailments and disabilities for which physicians are consulted.
- (4) That insanity and feeble-mindedness are aggravated forms of conditions that, in various stages and forms, are met with in every community even amongst persons who are not incapacitated.

- (5) That the early recognition, treatment, and prevention of these conditions will be greatly advanced by the adoption, by clinical and preventive medicine, of the viewpoint, and the history taking and examination methods of psychiatry.

MEDICAL PRACTICE AND MENTAL HYGIENE

Mental Hygiene, however, embraces a much wider field of knowledge and practice than the treatment and prevention of mental disorders. Its ultimate aim is the conservation and promotion of healthy mentality or, more accurately, healthy personality. This is a large undertaking and engages also the attention of other departments of knowledge and effort for the advancement of human welfare. It has occupied the greatest minds of all time, in philosophy, religion, education, politics, and the social sciences generally. As at present understood, however, practical mental hygiene is an outgrowth of psychiatry, just as general hygiene is an outgrowth of medicine. It consists principally in the application to the conservation and promotion of healthy personality of the knowledge and methods that have been developed in psychiatry, which is a branch of medicine. It is directed principally to the individual, but has also assumed the form of a social development. It became possible when psychiatry, with contributions from modern psychology and social studies, had advanced far enough to reveal, with considerable clearness, some of the dynamic factors that shape human behavior and produce mental disability and disease. Kraepelin's descriptions and etiological and prognostic observations helped; also the advances in psychopathology and knowledge of personality made by Janet, Freud, Meyer, and others.

Broadly considered, mental hygiene is concerned with whatever impairs mentality and the quality of human behavior, and with whatever conserves and promotes them. The conditions that effect the physical organism in such a way as to impair the functioning of the organism as a personality are the concern of mental hygiene, but the special task of overcoming them seems to belong more definitely to preventive medicine, and sanitary science. Mental hygiene is more especially concerned with the mental factors that operate in impairing or preventing healthy personality. It aims to spread knowledge concerning the mental factors in all illness and disability, and to enlist the aid of clinical medicine, preventive medicine and other branches of knowledge and effort in recognizing them and in applying appropriate measures. It is greatly concerned with the conditions and forces that operate in shaping personality development, and in promoting adequate adjustment to the experiences and requirements of personal and social relations. It is concerned with the critical periods and events of life, when understanding and skilled advice and guidance may be of vital importance. Early childhood, puberty and adolescence, educational

and vocational adjustment, love and marriage, family relations, involution and decline in life, all present conditions and problems that may be benefited by means of the knowledge and methods of mental hygiene.

It is known that the foundations of psychoneuroses and of some forms of psychoses are laid down in early childhood. Some of the principal factors that operate are :

- (1) Bodily and mental handicaps due to heredity, congenital diseases, birth accidents, deformities, crippling diseases, special sense defects, peculiarities of feature and stature, endocrine disturbances, muscular dystrophies, nutritional disorders, and many others.

Mental hygiene is concerned not only with the way in which the physical organism may be affected, but with the mental reactions and situations that may be occasioned. These conditions tend to isolate the child and shut him off from wholesome relationships and activities. Often a child so affected is not favorably regarded in the home. He may be suppressed, nagged, bullied, ridiculed, or ignored, both there and at school and at play. Children brought to psychiatrists on account of behavior problems accompanying such disabilities frequently make an adequate mental adjustment under good management. If their difficulties are not understood and properly managed, such children may never make a good adjustment to objective interests and activities, and may readily develop psychoneurotic or psychotic mechanisms.

- (2) Over-indulgence may operate in impairing personality development and in laying the foundations for mental disorder. The earliest cravings of a child are imperative. His very existence depends upon satisfying them. He is also entirely dependent and the centre of interest and attention. As he develops, he should become less dependent and require less attention. This emancipation is not altogether acceptable, and unless it is gradually accomplished, the child's resistance may take the form of abnormal means of gaining his desires. Temper tantrums, sulking, mischievous behavior, physical ailments that bring attention and escape from objectionable demands, and similar means may be resorted to. The situation becomes more difficult as desires become more numerous and complex. Parental authority, school and occupational requirements, social standards and customs, religious and ethical demands and the desire for approval and success in life conspire to increase the conflict as life goes on. Gradually psychoneurotic or psychotic mechanisms may become more and more controlling, and the subject is unable to develop a capacity for social or occupational adjustment and becomes one of life's failures.

- (3) Over suppression may be equally detrimental. Nagging, bullying, brutality, idealistic demands in childhood frequently lead to resentment against all authority. This is shown in the child's reactions in the home, school, occupational and social life. It is often attended with a sense of insecurity and apprehensiveness that cripples efficiency. Mood swings, depression even to suicide may be produced. Constant emotional tension may be accompanied by characteristic visceral disturbances. Or compensatory conduct disorders may develop leading to delinquency and criminal acts.
- (4) Accidental or situational experiences that make a strong emotional impression may exercise a profound influence on personality development. Sex experiences in home relations, with playmates and older acquaintances, accidental incidents, may lead to sex preoccupation, persistent phantasies, autoeroticism, homo-sexuality, resistances and perversions that may fatally interfere with healthy personality development and adjustment to the requirements of life. Such experiences may be repressed and eventually find expression in symbolic forms, creating the phobias, compulsions, schizophrenic phantasies, delusional developments, and psychopathic personality traits which are met with in medical practice.

Puberty and adolescence may present problems that are the outgrowth of conditions and experiences that were met with in childhood. A certain degree of self consciousness and over self assertion is not uncommon at this period. It is a time for the development of wholesome heterosexual understanding and interests, and for healthy sublimation in objective interests and activities.

Educational and vocational adjustment may be attended with situations and difficulties in which the employment of mental hygiene knowledge and methods may be of considerable value. Here also it is frequently necessary to look for explanations and guidance in conditions and experiences that go back to childhood. A young man of twenty-five, a graduate of Harvard College, had become morose, irritable, vacillating, and resentful. It was found that because of muscular deficiency he had always been clumsy and unable to engage in games and play. He had become solitary, given to phantasy and autoeroticism. After leaving college he was unable to find satisfaction in any occupation he had undertaken, and was vacillating and discontented. His father, a man of strong personality, who had won his way to high position, was an irritation to him because of his feeling that he could never meet his father's expectations. His respect for his father was mingled with bitter resentment. He was also in love with a girl whom he despaired of being able to marry, and was preoccupied with sex phantasies. After a number of inter-

views, it was found that his best subject at school and college was mathematics. He was encouraged to accept a position in the actuarial department of an insurance company. He has occupied this position for three years, has been promoted, is living contentedly away from his parents, has developed new interests and seems to be making a reasonably good adjustment.

Love and marriage may present problems of the greatest concern in mental hygiene. The greatest care is necessary in advising. The problems of an erotic manic or schizophrenic are increased rather than diminished by marriage, although this is not infrequently recommended as a remedy by the ill informed. Maternity is likely to complicate the situation still further, and the psychoses designated puerperal are often the final collapse of a schizophrenic. Marital complications are amongst the dynamic factors in the etiology of many of the cases met with both in hospital and out-patient practice.

The involution period and the decline of life are also attended with conditions with which mental hygiene is concerned. Decline in sexual potency, and diminished capacity for activity, may be accompanied by neurotic and even psychotic manifestations. Suicide may be attempted, or failure to adjust to the new conditions may result in complete disability and dependency. Anticipation of this period and adjustment in vocational and recreational pursuits, with some explanations and instructions, may prevent disaster and accomplish a continuation of satisfactory living.

ORGANIZED MENTAL HYGIENE

Much more might be presented in regard to mental hygiene as applied to individuals. It will be necessary, however, before closing, to discuss briefly organized mental hygiene. This had its formal beginning in the establishment in 1908 of the Connecticut Society for Mental Hygiene. The Society was organized by Mr. Clifford W. Beers, a graduate of Yale University, who had for three years suffered from a psychosis from which he recovered. With a desire to promote the better treatment of persons suffering from mental disorders, in a book entitled "A Mind that Found Itself," he gave a vivid and appealing account of his experiences and advocated the establishment of a National Committee for Mental Hygiene. He received encouragement and aid from Professor William James, Dr. Adolf Meyer, and others, and the National Committee was organized. The first Medical Director of the Committee, Dr. Thomas W. Salmon, was a man of remarkable personality and ability, and it was he who developed the Committee into a powerful agency for the advancement of mental hygiene. The movement has now become world wide, and many state and local committees and societies have been organized throughout the civilized world. During the past year an International

Committee for Mental Hygiene was organized and in May, 1930, an International Congress will be held in Washington.

As a consequence of the interest and activity excited, many advances have been made in every form of mental hygiene effort. The organized methods of dealing with mental disorders, such as laws, hospitals, community provision, etc., have been improved. Out-patient psychiatric clinics have been established, and psychiatric service has been provided or extended at many general hospitals. The value of psychiatric knowledge and methods in dealing with problems of behavior and adjustment in schools, colleges, welfare agencies, courts and correctional institutions, and industry, has been recognized by the establishment of psychiatric service in the operation of these organizations. By means of out-patient service, means have been provided for furnishing psychiatric attention for conditions that were formerly neglected, and for preventing the development of more severe forms of disorder. In order to concentrate effort on preventive work on children, child guidance clinics have been established, and recently an Institute of Child Guidance has been organized to carry on research work and to train workers for child guidance activity. The National Committee awards fellowships for the education of physicians, psychologists, and social workers for this and other branches of mental hygiene. In medical education, psychiatry and mental hygiene are gradually assuming a more important place in the curriculum, and in all new developments for medical education provision is made for psychiatric service and practice in intimate relations with the other branches of medicine.

The problems of psychiatry and mental hygiene are complex and often extremely difficult. To deal with them will require the best efforts of many branches of knowledge and practice. They are, however, inextricably linked with the problems of medical science and with the tasks that must be performed in practical medicine. In the nature of things, it is the medical profession that will be looked to for the knowledge, skill, and leadership that are required for accomplishing the prevention of mental disorders and the conservation and promotion of healthy mentality in individuals and in communities.

